

Doc Code:

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	<b>Dmitry Dmitrievich GENKIN</b>
<b>Title</b>	<b>Method for treating diseases associated</b>
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	<b>06-1663</b>

I hereby revoke all previous powers of attorney given in the above-identified application.

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Number:

33055

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Practitioner(s) named below:

Name	Registration Number
John D. Gugliotta	36538

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Address **137 S. Main Street, Ste. 202**City **Akron** State **OH** Zip **44308**Country **US**Telephone **330-253-5678** Fax **330-253-6658**

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## **SIGNATURE of Applicant or Assignee of Record**

Signature	<b>SEE ATTACHED</b>	Date	
Name	<b>Dmitry Dmitrievich GENKIN</b>	Telephone	
Title and Company	<b>Inventor</b>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ \*Total of 3 forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	Dmitry Dmitrievich GENKIN
Title	Method for treating diseases associated
Art Unit	
Examiner Name	
Attorney Docket Number	06-1653

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☒ Applicant/Inventor.

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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

**SIGNATURE of Applicant or Assignee of Record**

Signature



Date

01.11.2005

Name

Dmitry Dmitrievich GENKIN

Telephone

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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